SUBMIT <u>COMPLETED ORIGINAL</u>
APPLICATION, TAX STATEMENT
AND FEE TO:

Washburn, WI 5 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58 , WI 54891



☐ Residential Addition / Alteration (explain) (hange |
☐ Residential Accessory Building (explain) (#DX40) Fair Market Value (O, OOO Is your structure in a Shoreland Zone? Legal Description INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department. Address of Property 1入み70 Property Owner Jame □ ★ Residence w/attached garage (# of bedrooms)
 ■ Bedrooms
 ■ Residence w/attached garage (# of bedrooms)
 ■ Bedrooms
 ■ ☐ ★ Residence w/deck-porch (# of bedrooms) Use Tax Statement for Legal Description □ Residential Other (explain) □ Residential Accessory Building Addition (explain) LAND USE Residence sq. 18 Residence sq. ft Residence or Principal Structure (# of bedrooms) 15-252 S River SANITARY 🗌 20 Page [다 70 00 C/II 1/4 of SW 2 Addition EH 45.824 \_of Deeds Block ଜୁ Deck(2) sq. ft Porch sq. ft htrage Square Footage 2000 PRIVY Yes X ₫ age sq. ft 715-372-4090(Work) 1/4 of Section (NSN) Kman Pitch, S Existing\_ Parcel I.D. CONDITIONAL USE Bayfield Co. Zoning Dept Subdivision Contend to Commercial Other (explain) JUL 08 2011 If yes, 0 Township 016-2-Plumber Distance from Shoreline: greater than 75' 🔀 75' to 40' Written Authorization Attached: Contractor ☐ External Improvements to Accessory Building (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) □ Commercial Principal Building Addition (explain) ☐ Commercial Principal Building ☐ Mobile Home (manufactured date) Basement: Authorized Agent □ External Improvements to Principal Building (explain) Type of Septic/Sanitary System 46 SPECIAL USE NG-08 onditional Use (explain) CSM# North, Range Chemmer × No 01:3 Date: Amount Paid: Existing\_ Zoning District Application No.: B.O.A. Yes 🔲  $\infty$ X West. Town of John Acreage Number of Stories Privy\_ 8 (Phone) (Phone) OTHER い S\$\$3) <u>۾</u> ţ UNVERTENT 350 118/F 10000 SS less than 40 S ≫ ٥

Structure:

Telephone

700

Volume

## FAILURE TO OBTAIN A PERMIT $\underline{\text{or}}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN $\underline{\text{PENALTIES}}$

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the dept and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which have be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county officials charged with administering county officials charged with administering county of the property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) 00

Address to send permit

* See Notice on Back	APPLICANT — PLEASE COMPLETE REVERSE SIDE	ATTACH  Copy of Tax Statement or  (If you recently purchased the property  VERSE SIDE Attach a Copy of Recorded Deed)
Permit Issued:	State Sanitary Number 201745	Date M44
Date 7-15-11	Permit Number 11-1323	Permit Denied (Date)
Reason for Denial:		
Inspection Record: Auddura	Inspection Record. GLUMUINAL GABLEY/GADPICTIONS AS HEARDENESS BY CLASE—APPENESS	BY CLUBE - APPENIS to BE 1008
Authorat & EU Power ma	M ABA MAPA	Date of Inspection 7-10 'U'
Mitigation Plan Required: Yes	Mitigation Plan Required: Yes ロ No 風	Variance (B.O.A.) #
Condition:		
CAR EMPHANIST - ST	Cin Eminal - 2 PERCONS/OLDERS - 10th May 11/10	₽-a-Ç
AND	Recdiffic Issuance Inspector	. Date of Approval
) )	JUL 15 2011	

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